

Fresh Fruits and Vegetable Program**Claim for Reimbursement**

Instructions: Submit to Child & Adult Nutrition Services no later than the 10th of the month following the month covered by the claim. Retain a copy for your records. Faxed claims are acceptable to 605-773-6139. All receipts, invoices and other evidence of purchase must be retained and available for further review or audit for a period of 3 years after the date of submission of the final claim for the fiscal year to which they pertain. If you mail them in, send to Office of Finance & Management-DOE, 700 Governors Drive, Pierre, SD 57501-2291

District/School Information

District Name: _____ LA # _____

School Name: _____

Claim Information

Month: _____ Year: _____ # of days of operation in claim month _____

Operating Costs

(Please itemize expenses for operating costs on following pages)

Fruits/Vegetables _____ -**Labor**(ONLY for preparation and service
of Fruits & Vegetables)

_____ -

Small Supplies/Other _____ -**Total Operating Costs** _____ -**Administrative Costs**(Equipment, leasing, labor such as; planning
ordering, reporting, tracking, inventory, etc.
Total limited to 10% of grant)

_____ -

Total Reimbursement Claim _____ -**SIGNATURES (Both are Required)**

We certify that to the best of our knowledge and belief, this claim is true and correct in all respects, that records are available to support this claim, that it is in accordance with the terms of the existing Agreements; and that payment has not been received. We recognize that we will be fully responsible for any excess funds received due to erroneous or neglectful reporting herein. We also understand that this information is being given in connection with the receipt of Federal Funds; and that deliberate misrepresentation may subject us to prosecution under applicable State and Federal criminal statutes. We further certify that all claims for reimbursement shall be submitted to the State Agency no later than 60 days after the end of the claim month. We understand that failure to submit claims within the 60 day deadline will result in such claims not being paid.

Project Manager (signature) _____ Date _____

(Please Print Name) _____ Phone # _____

Food Service Director (signature) _____ Date _____

(Please Print Name) _____ Phone # _____